

RECEIVED
JAN 2 1989

1 IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR KLAMATH COUNTY
 2 In the Matter of the Small) NO. 89-00205 CV
 3 Estate of CECIL F. JACKSON,)
 4 Deceased.) AFFIDAVIT OF
 CLAIMING SUCCESSOR

5 STATE OF OREGON)
 6 County of Klamath) ss.

7 I, James R. Ottoman, being first duly sworn, state that to the best of my
 8 knowledge the following information is true and correct:

9 1.

10 The following information is given concerning the Decedent:

- 11 a. Name: Cecil Frederick Jackson
 12 b. Date of Death: April 9, 1987
 13 c. Place of Death: Klamath Falls, Oregon
 14 d. Domicile at time of death: Klamath County, Oregon
 15 e. Social Security No.: 515-01-4805

16 A certified copy of the death certificate is attached hereto.

17 2.

18 All of the property of the Decedent and the fair market value thereof:

- 19 1. An undivided one-fourth interest in promissory Note secured by
 20 Trust Deed executed by Greg William McCulley and Loretta Kay
 21 McCulley collected in escrow 16205-K by Mountain Title Company,
 407 Main Street, Klamath Falls, Oregon. Said Note has an unpaid
 22 principal balance of \$47,410.78, which earns interest at the rate
 of 9.0% per annum and requires minimum monthly installment
 payments of \$412.38.

23 The property which secures the payment of said Note is described
 24 as follow:

25 After
 Recording
 return to
 26

WM. M. GANONG
 ATTORNEY AT LAW
 1151 PINE STREET
 KLAMATH FALLS, OR
 97601
 (503) 882-7228

*89 JAN 24 PM 3 57

Lots 4, 5, 6, 7 and 8, Block 37 MALIN according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Market Value \$11,852.69

b. An undivided one-fourth interest in Contract-Real Estate dated February 28, 1978 executed by Jerry D. Hargrave and Eileen E. Hargrave, Vendees interest now held by Frank J. Sullivan, with an unpaid principal balance of \$4,980.60; which interest at the rate of 9% per annum and requires monthly installment payments of \$300.00. Said Contract is collected in escrow at First Interstate Bank, Merrill, Oregon, escrow No. 43705.

The real property described in said contract is:

Lots 13, 14 and 15, Block 37, MALIN, Klamath County,
Oregon.

Market Value \$1,245.15

c. Cash

\$2,689.68

d. John Hancock Mutual Life Insurance Company,
policy No. 5419876

\$1,000.00

3.

An application or Petition for the appointment of a personal representative has not been granted in Oregon.

4.

The Decedent's Last Will and Testament dated May 27, 1983 is attached hereto.

5.

Reasonable efforts have been made to ascertain creditors of the estate.

The following creditors have been paid:

a. Klamath Medical Clinic

\$362.35

b. O'Hairs Funeral Home

435.94

c. Klamath Monument one-half of headstone

187.50

d. Francis Kalina - reimburse for one-half of headstone

187.50

e. Summit Care Corporation

343.28

The following claim against the Estate has been accepted but has not been paid at this time:

State of Oregon, Adult &
Family Services Division
Estate Administration Unit
P.O. Box 14021
Salem, OR 97309

\$18,583.20

In addition, the following expenses of administration remain to be paid:

a. Klamath County Circuit Court filing fee	\$ 34.00
b. Klamath County Circuit Court two Certified Copies of Affidavit	7.50
c. Klamath County Clerk recording fee-Cert. Copy of Affidavit	48.00
d. Escrow Assignment fee-Mountain Title Company	35.00
e. Escrow Assignment fee-First Interstate Bank	35.00
f. Attorney's fee - William M. Ganong	825.00

6.

All funds remaining after payment of the expenses of administration described above, have been delivered to the State of Oregon to be applied to its said claim. In addition, the interest of the Estate in the other property described above has been assigned to the State of Oregon to be applied to its claim.

At such time as the claim of the State of Oregon has been paid in full, then any remaining property of the Decedent is distributable and payable in equal shares pursuant to the Decedent's Last Will and Testament to:

James R. Ottoman
HC 62, Box 54
Malin, OR 97632

WM. M. GANONG
ATTORNEY AT LAW
1151 PINE STREET
KLAMATH FALLS, OR
97601
(503) 882-7228

1 Betty Halousek
2 6737 Kimberly Court
3 Klamath Falls, OR 97603

4 Pearl Hammon
5 P.O. Box 896
6 Hines, OR 97738

7 Marie O. Jackson, the other devisee named in the Decedent's Will,
8 predeceased the Decedent.

9 7.

10 The Decedent's only heir at Law is his sister:

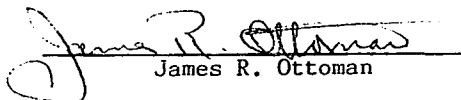
11 Francis Kalina
12 Malin, OR 97632

13 8.

14 A true copy of this Affidavit has been mailed to the Devisees and the
15 heir of the Decedent named above. In addition, true copies of this Affidavit
16 have been mailed to the State of Oregon, Adult and Family Services Division,
17 at the address shown above, and to the Department of Revenue, Salem, Oregon.

18 9.

19 A true copy of this Affidavit and attachments have been recorded in the
20 Klamath County Clerk's office, Klamath Falls, Oregon.

21 
22 James R. Ottoman

23 Subscribed and sworn to before me this 23 day of January, 1989.

24 (SEAL)

25 
26 Notary Public for Oregon
My commission expires: 11-2-90

1432

STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES
Vital Records Unit
CERTIFICATE OF DEATH

00641
ID TAG NO.

Local File Number

State File Number

TYPE OR PRINT
IN
PERMANENT
BLACK
INK
FOR
STSTRUCTIONS
SEE
HANDBOOK

IF DEATH
OCCURRED IN
STATION,
HANDBOOK
REGARDING
COMPLETION OF
CERTIFICATE ITEMS

POSITION

CERTIFIER

CONDITIONS
IF ANY
HIGH GAVE
RISE TO
IMMEDIATE
CAUSE
AFFECTING THE
UNDERLYING
CAUSE LAST

CAUSE OF DEATH

DECEASED - NAME First Middle Last Cecil Frederick JACKSON		DATE OF DEATH (month, day, year) 2 April 9, 1987	
1 RACE White, Black, American Indian, etc. (specify) White		2 DATE OF BIRTH (month, day, year) 6 July 21, 1907	
3 CITY, TOWN OR LOCATION OF DEATH Klamath Falls		4 SEX Male	
5a AGE - Last birthday (years) 79		5b Under 1 year mos. days hours min.	
6 HOSPITAL OR OTHER INSTITUTION - NAME (If not, in either, give street and number) Mt. View Care Center		7c IF HOSP. OR INST. Indicate DGA, OP/Emer. Rm., Inpatient (specify) Inpatient	
7a STATE OF BIRTH (if not in U.S., name country) Kansas		7d COUNTY OF DEATH Klamath	
8 SOCIAL SECURITY NUMBER 515-01-4805		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed	
10 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Recreation Center Owner		11 SPOUSE (IF MARRIED, WIDOWED) Marie Jackson	
12 RESIDENCE - STATE Oregon		13 KIND OF BUSINESS OR INDUSTRY Youth Recreation	
14a CITY, TOWN OR LOCATION Malin		14b STREET AND NUMBER OR R.F.D. P.O. Box 6	
15a FATHER - NAME first middle last Charles Frederick Earl Jackson		15b MOTHER - first middle last (Maiden Name) Maude E. McCracken	
16 INFORMANT - NAME and relationship to deceased Frances Kalina, Sister		17 LOCATION City or town state Malin, Oregon	
18 BURIAL, CREMATION, REMOVAL, MAUS. (specify) Burial		19a CEMETERY OR CREMATORY - NAME Malin Community Cemetery	
19b FUNERAL SERVICE LICENSEE or person acting as such (Signature) <i>[Signature]</i>		19c NAME AND ADDRESS OF FACILITY CalHair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, Or	
20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <i>Randal A. Machado</i>		20b DATE SIGNED (Mo., Day, Year) April 10, 1987	
21a NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) Randal A. Machado, M.D., 1905 Main St., Klamath Falls, Ore.		21c ZIP 97601	
22a DATE RECEIVED BY REGISTRAR (Mo., Day, Year) April 10, 1987		22b REGISTRAR (Signature) <i>[Signature]</i>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).) Pneumonia		Interval between onset and death 4 days	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	
PART II Severe Alzheimer's Disease		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) No	
4 ACCIDENT (Specify Yes or No) No		5 DATE OF INJURY (Mo., Day, Year) April 10, 1987	
6 INJURY AT WORK (Specify Yes or No) No		6c PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) At home	
26a		26b	
26c		26d	
26e		26f	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		WAS GIFT MADE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
RESERVED FOR REGISTRAR'S USE			

ORIGINAL-VITAL STATISTICS COPY

STATE OF OREGON
COUNTY OF **KLAMATH**

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By *[Signature]* Deputy Registrar

Date April 10, 1987

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

SEAL

1 I, CECIL F. JACKSON of Klamath County, Oregon, do hereby make and de-
2 clare this to be my Last Will and Testament hereby revoking all other former
3 Wills and Codicils by me heretofore made.

4 1.

5 My birthdate is July 21, 1907, and my Social Security Number is
6 515-01-4805. I am married and my wife's name is Marie Ottoman Jackson. I
7 have an adopted son, Monte Jackson, whom I have not seen or heard from in
8 many years and whose whereabouts I do not know. I have 3 stepchildren, James
9 R. Ottoman, Betty Halousek and Pearl Hammon.

10 2.

11 I appoint my wife, Marie Ottoman Jackson to be the Executrix of this
12 Will. If my said Wife is unable or unwilling to assume or complete her duties,
13 I appoint James R. Ottoman to be the Executor of this Will. They are hereafter
14 sometimes referred to as my Personal Representative and I authorize each of
15 them to serve without bond.

16 3.

17 I bequeath and devise all of my Estate unto my Wife, Marie Ottoman
18 Jackson, if she survives me.

19 4.

20 If my said Wife, Marie Ottoman Jackson, predeceases me I bequeath and
21 devise all of my Estate in equal shares unto those of my stepchildren, James
22 R. Ottoman, Betty Halousek and Pearl Hammon, who survive me with a like equal
23 share, per stirpes, by right of representation, unto the Issue who survive me
24 of any of my said stepchildren who may predecease me.

25 5.

26 I intentionally make no provision whatsoever for my adopted son, Monte
27 Jackson, or any of his Issue.

28 6.

29 I specifically state that I have not made this Will in consideration of
30 the execution of a Will by my said Wife and that either of us may change or
31 revoke our Will at any time.

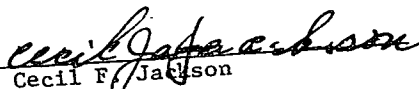
32 7.

The persons whom I have named herein as my Personal Representative shall
have the following powers and authority in addition to those provided by law:

LAST WILL AND TESTAMENT - Page 1 *C. F. Jackson*

1 To hold, manage, care for and protect my Estate and the income thereof; to
 2 operate and manage any and all business belonging to my Estate and any interest
 3 therein to the extent of such interest and to continue to operate the same,
 4 all at the risk of my Estate, the profits and losses therefrom to inure to or
 5 be chargeable to my Estate; to sell, exchange, partition, convey and lease the
 6 Estate or any part thereof; provided, however, the said Personal Representative
 7 shall have no duty or responsibility to sell, change, invest or reinvest any
 8 of the assets of my Estate except to the extent that the sale of assets is
 9 necessary to pay taxes, claims or expenses of administration, and shall not
 10 be held responsible or liable for any loss or depreciation in the value of any
 11 property in my Estate; to deposit funds of the Estate in checking and savings
 12 accounts and certificates of deposit in banks and savings and loan associations
 13 authorized to do business within the State of Oregon or in any State in which
 14 this Will is probated; to borrow money and to encumber or hypothecate by
 15 mortgage, trust deed, pledge, security agreement or otherwise all or any part
 16 of the Estate as security therefor; to lend the Personal Representative's
 17 own funds to the Estate for the protection thereof or for any other purpose.
 18 The Personal Representative may elect to claim any items which are deductible
 19 alternatively for income tax or inheritance tax or estate tax purposes as the
 20 Personal Representative deems best and such exercise of discretion shall not
 21 be subject to question or challenge by any Beneficiary. Said Personal Repre-
 22 sentative may exercise any and all of such powers or authority without regard
 23 to any prescribed statutory procedure and without petition, order, citation,
 24 hearing, license, notice of sale, authority or confirmation of any Court.

25
 26 IN WITNESS WHEREOF, I have hereunto set my hand this 27 day of
 27 May, 1983.


 Cecil F. Jackson

28
 29
 30 The foregoing Instrument was, on the date thereof, signed, published
 31 and declared by the said Cecil F. Jackson as and for his Last Will and
 32 Testament in the presence of us, who, at his request and in his presence and

1 in the presence of each other, have hereunto subscribed our names as witnesses
2 thereto.

3 [Signature] RESIDING AT Klamath Falls, Oregon

4
5
6 Wm M Ganong RESIDING AT Klamath Falls, Oregon
7

8 STATE OF OREGON)
9) SS.
10)
11)
12 County of Klamath)

13 Before me, the undersigned Notary Public in and for said State and
14 County, on this day personally appeared CECIL F. JACKSON, known to me to be
15 the Testator, and also, each of the Witnesses whose names are signed to the
16 foregoing Instrument; and each of said persons, being first duly and
17 severally sworn, each for myself says that on this said day, I, the Testator,
18 signed, executed and declared this Instrument as my Last Will and Testament
19 freely and voluntarily in the presence of both of said Witnesses and requested
20 each of said Witnesses to subscribe their said names as Witnesses to this my
21 Last Will and Testament and that I saw each of said Witnesses sign their
22 respective names to this Will in my presence and in the presence of each
23 other; and We, the undersigned Witnesses, each for myself says that on this
24 said day I saw CECIL F. JACKSON so sign, execute and declare this Instrument
25 as his Last Will and Testament in my presence and in the presence of the
26 other Witness; whereupon, at his request and in his presence and in the
27 presence of each other, we both attested said Will by signing our names as
28 Witnesses thereto; that the signature of CECIL F. JACKSON hereinabove set
29 forth is the signature which was signed in our presence and is the true
30 signature of said Testator and that each of our signatures above set forth is
31 the signature which each of us Witnesses signed in the presence of the Testator
32 and in the presence of each other and is the signature of the person who
signed the same. That each of us is of legal age and is fully competent to

1 sign and attest this Will as Witnesses thereto. That the Testator was at the
2 time of executing this Will of the age of 75 years and of sound mind.

3
4 Cecil F Jackson
Testator

5
6 [Signature]
Witness

7
8 Wm M Gunning
Witness

9
10 Subscribed and sworn to before me by each of the Affiants this 27
11 day of May, 1983.

12
13
14 (SEAL)

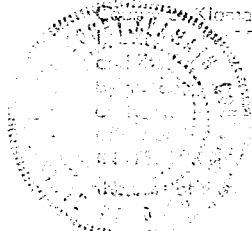
15 [Signature]
Notary Public for Oregon
My Commission expires: 4-17-87

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001-0

STATE OF OREGON)

(Klamath)



24 January 89

Cathy Mack

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Wm. M. Ganong the 24th day
 of Jan. A.D., 19 89 at 3:57 o'clock PM., and duly recorded in Vol. M89
 of Deeds on Page 1428
 Evelyn Biehn County Clerk

By Douglas M. M. M. M.

FEE \$53.00